

Name
in
Full

CERTIFICATE OF DEATH

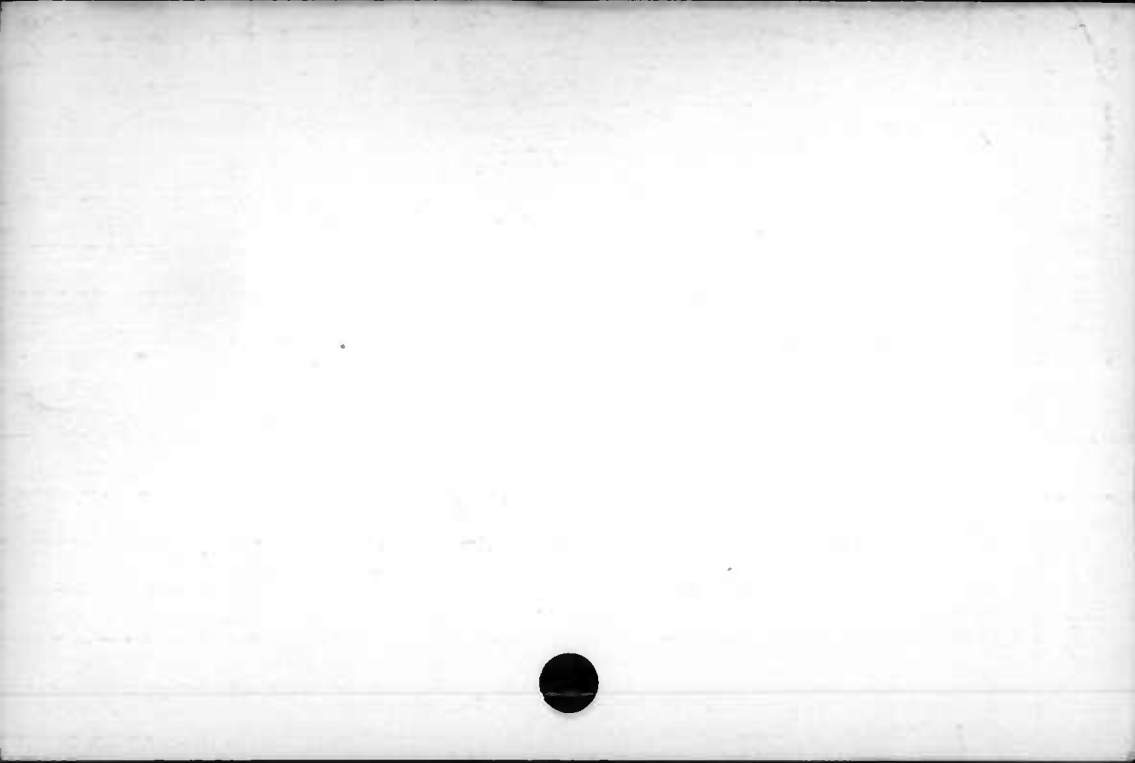
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town		County		MARYLAND	
Date of death		Month	Day	Age	Years	Months	Days
1905		7	14	5			
Sex		Color or Race		Birth-place			
Male		White		Sharplow			
Occupation				Where Residing if not at place of death			
Married, Single or Widowed				Name of Wife or Husband			
Father's Name				Father's Birthplace			
Ernest J. Bunnatt				Sharplow			
Mother's Maiden Name				Mother's Birthplace			
Orpha E. Bunnatt				"			
Name of person giving information				How related to deceased			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Diarrhea	How long	
Immediate	Peritonitis	How long	One week
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
		W. W. Gossauay	
		Address	
		Sharplow - Md	
Accident or Suicide?			



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Salisbury</u> Town		<u>Wicomico</u> County		MARYLAND	
Date of death <u>1905</u> <u>Nov</u> <u>10</u>		Age <u>51</u>		Months	Days
Sex <u>male</u>	Color or Race <u>White</u>	Birth-place <u>Md</u>			
Occupation <u>Sailor</u>		Where Residing if not at place of death			
Married, <u>Single</u> or <u>Widowed</u>		Name of Wife or husband <u>Rebecca Bradshan</u>			
Father's Name <u>William Bradshan</u>		Father's Birthplace <u>Md</u>			
Mother's Maiden Name <u>Sallie T Bradshan</u>		Mother's Birthplace <u>Md</u>			
Name of person giving information		How related to deceased			

CAUSES OF DEATH

Primary <u>Pneumonia</u>	How long <u>8 or 10 days</u>
Immediate <u>Acute Nephritis (Uremia?)</u>	How long <u>3 days</u>
Are the name, age, sex, color, date and place correctly given above? <u>yes</u>	Signature of Physician <u>Samuel W. Wicomico M.D.</u>
	Address <u>Salisbury Md.</u>
Accident or Suicide?	



Name
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CERTIFICATE OF DEATH

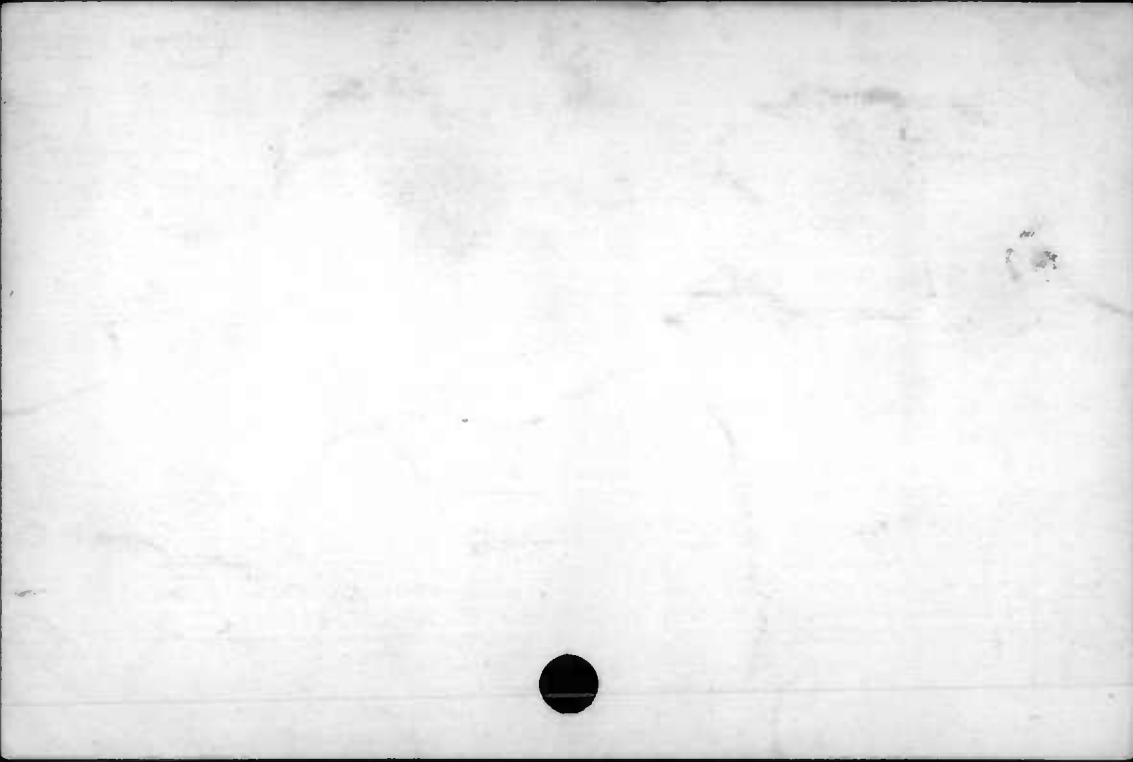
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Stanton</i> ^{Town}		<i>Albion</i> ^{County}		MARYLAND	
Date of death <i>1905</i> ^{Month} <i>Nov</i> ^{Day} <i>Friday</i>		Age <i>5</i>		<i>1</i> Months <i>7</i> Days	
Sex <i>Male</i>		Color or Race <i>White</i>		Birth-place <i>Hagerstown Md</i>	
Occupation <i></i>		Where Residing if not at place of death <i>Stanton</i>			
Married, Single or <i>Widowed</i>		Name of Wife or Husband <i></i>			
Father's Name <i>Harold H. Cox</i>		Father's Birthplace <i>Stanton Md</i>			
Mother's Maiden Name <i>Anna H. Wallace</i>		Mother's Birthplace <i>Hagerstown Md</i>			
Name of person giving information <i></i>		How related to deceased <i></i>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

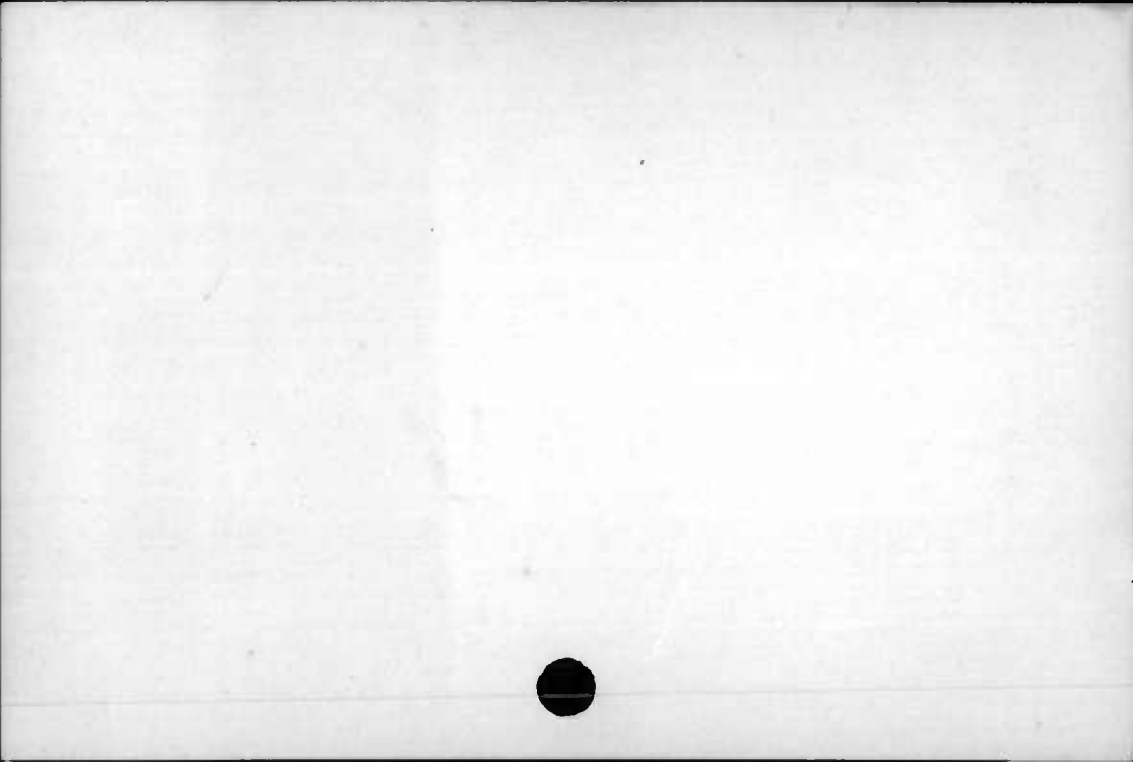
Primary <i>Typhoid fever</i>	How long <i>3 wks</i>
Immediate <i>Cardiac stopping</i>	How long <i>2 hrs</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>J. R. Bishop</i>
	Address <i>Stanton Md</i>
Accident or Suicide?	



Name in Full		BETTY DUMM				CERTIFICATE OF DEATH			
TO BE ANSWERED BY NEAREST FRIEND	Died at		Town		County		MARYLAND		
	Date of death		Month		Day		Years		Months
	1905		Nov.		29		58		3
	Sex		Color or Race		Birth-place				
	Female		White		New Shaptown				
	Occupation		Where Residing if not at place of death						
	House wife								
	Married, Single or Widowed		Name of Wife or Husband						
Married		David Dumm.							
Father's Name		Father's Birthplace							
Thos Phillips		-							
Mother's Maiden Name		Mother's Birthplace							
Betsy Phillips		-							
Name of person giving Information		How related to deceased							
William Dumm.		Son							
CAUSES OF DEATH									
PHYSICIAN OR CORONER	Primary		How long						
	Antic Regurgitation		11 months						
	Immediate		How long						
	Shingles		2 month						
	Are the name, age, sex, color, date and place correctly given above?		Signature of Physician						
Yes		M. W. Gassaway							
		Address							
		Shaptown - Md							
Accident or Suicide?									



Name in Full		Maria Ellen Fzrrny				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at		Town Near Delmar	County Wicomico		MARYLAND	
	Date of death		Month Nov.	Day 2	Years 66	Months 7	Days 5
	Sex		Female		Color or Race	White	
	Occupation				Birth-place	Wicomico Co.	
	Where Residing if not at place of death						
	Married, Single or Widowed		Name of Wife Husband Edith Fzrrny				
	Father's Name		Jas. M. Fooks		Father's Birthplace		Wicomico Co.
Mother's Maiden Name		Maria Fooks		Mother's Birthplace		Wicomico Co.	
Name of person giving information		Harry B Fzrrny		How related to deceased		Son	
CAUSES OF DEATH							
PHYSICIAN OR CORONER	Primary				Bright's Disease		
	Immediate				Mitral Regurgitation of Heart		
	Are the name, age, sex, color, date and place correctly given above?				Yes		
	Signature of Physician				Robert Ellengood M.D.		
				Address			Delmar Del.
Accident or Suicide?							



Name
in
Full

Sally Furr
Town

CERTIFICATE OF DEATH

Died at Rockawalking

Wicomico County

MARYLAND

Date of death 1905 Nov

Day 19th

Age 71

Months

Days

Sex Female

Color or Race Colored

Birth-place Wicomico Co. Md.

Occupation Housekeeper

Where Residing if not at place of death At Thomas Furr's home

Married, Single or Widowed Widow

Name of Wife or Husband Thomas Furr

Father's Name Littleton Colman

Father's Birthplace Wicomico Co. Md.

Mother's Maiden Name Sally Colman

Mother's Birthplace " "

Name of person giving information Thomas Furr

How related to deceased Son

CAUSES OF DEATH

Primary Chronic Lung Disease

How long

Immediate Hemorrhage Pulmonary

How long

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Frederic O. Womersley M.D.

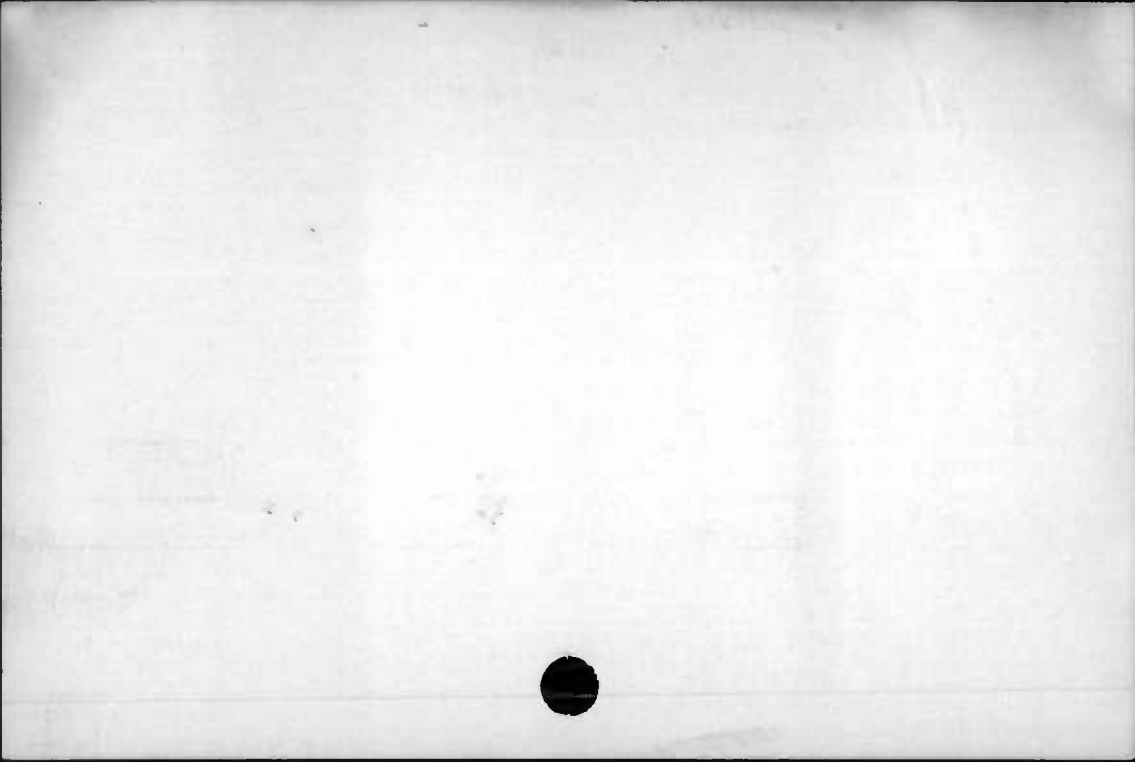
Address

Pulasky
Md.

Accident or Suicide? •

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER



Name
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CERTIFICATE OF DEATH

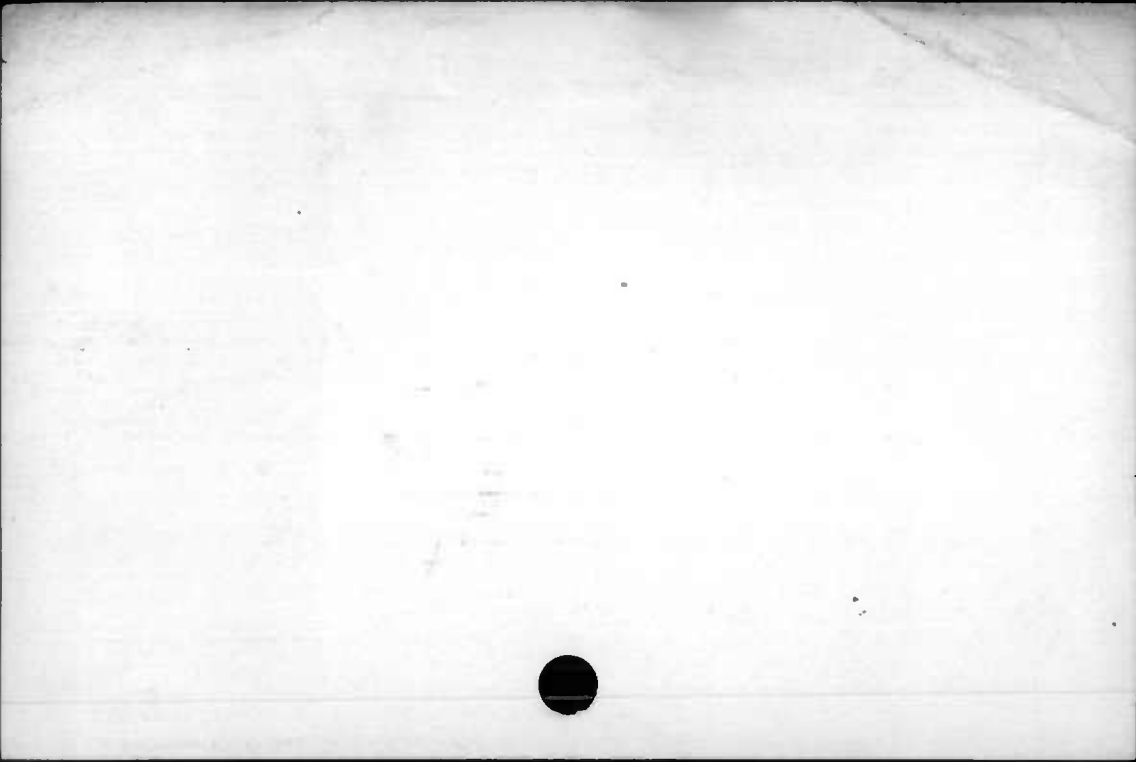
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Capitol</i>		Town <i>F</i>		County <i>Montgomery</i>		MARYLAND	
Date of death 190		Month <i>Nov</i>		Day <i>27</i>		Age <i>19</i> Years <i>1</i> Months <i>4</i> Days	
Sex <i>Male</i>		Color or Race <i>colored</i>		Birth-place <i>White Haven</i>			
Occupation <i></i>				Where Residing if not at place of death <i>ci</i>			
Married Single or Widowed		Name of Wife or Husband					
Father's Name <i>Julius Handy</i>		Father's Birthplace <i>White Haven</i>					
Mother's Maiden Name <i>Olevia Preston</i>		Mother's Birthplace <i>" "</i>					
Name of person giving information <i>Julius Handy</i>		How related to deceased <i>Father</i>					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary		How long	
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>Lambert</i>	
		Address <i></i>	
Accident or Suicide?			



Name
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Full

CERTIFICATE OF DEATH

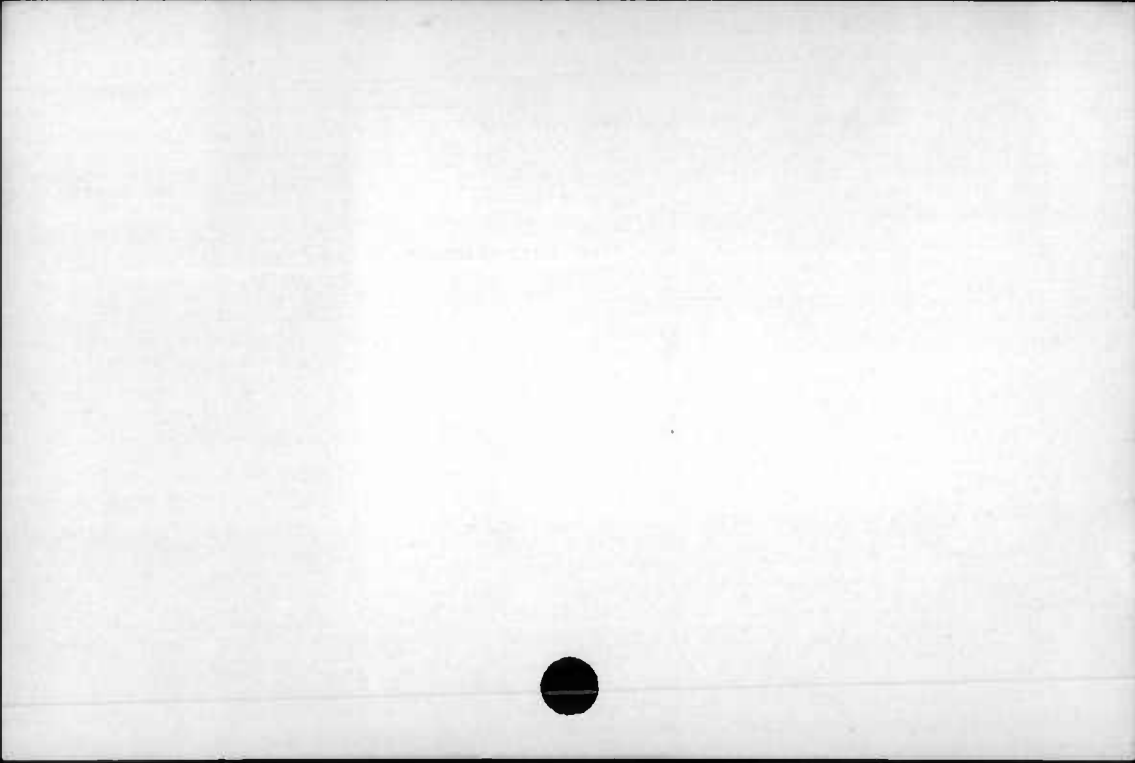
TO BE ANSWERED BY
NEAREST FRIEND

Name in Full <i>Maudie Isabelle Herman</i>		Town <i>Salisbury</i>		County <i>Wicomico</i>		MARYLAND	
Died at <i>Salisbury</i>		Month <i>Nov.</i>		Day <i>16</i>		Age <i>one - 16</i>	
Date of death <i>1905</i>		Month <i>Nov.</i>		Day <i>16</i>		Age <i>one - 16</i>	
Sex <i>Female</i>		Color or Race <i>White</i>		Birth-place <i>Salisbury Md.</i>			
Occupation <i>~~~~~</i>				Where Residing if not at place of death <i>~~~~~</i>			
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband <i>~~~~~</i>					
Father's Name <i>Charles Herman</i>		Father's Birthplace <i>Austria Europe</i>					
Mother's Maiden Name <i>Maudie I. Twigg</i>		Mother's Birthplace <i>Wicomico Co. Md.</i>					
Name of person giving information <i>Charles Herman</i>		How related to deceased <i>Father</i>					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Premature Birth</i>		How long <i>(15)</i>	
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>F. H. Hemons</i>	
		Address <i>Salisbury Md</i>	
Accident or Suicide?			



Name
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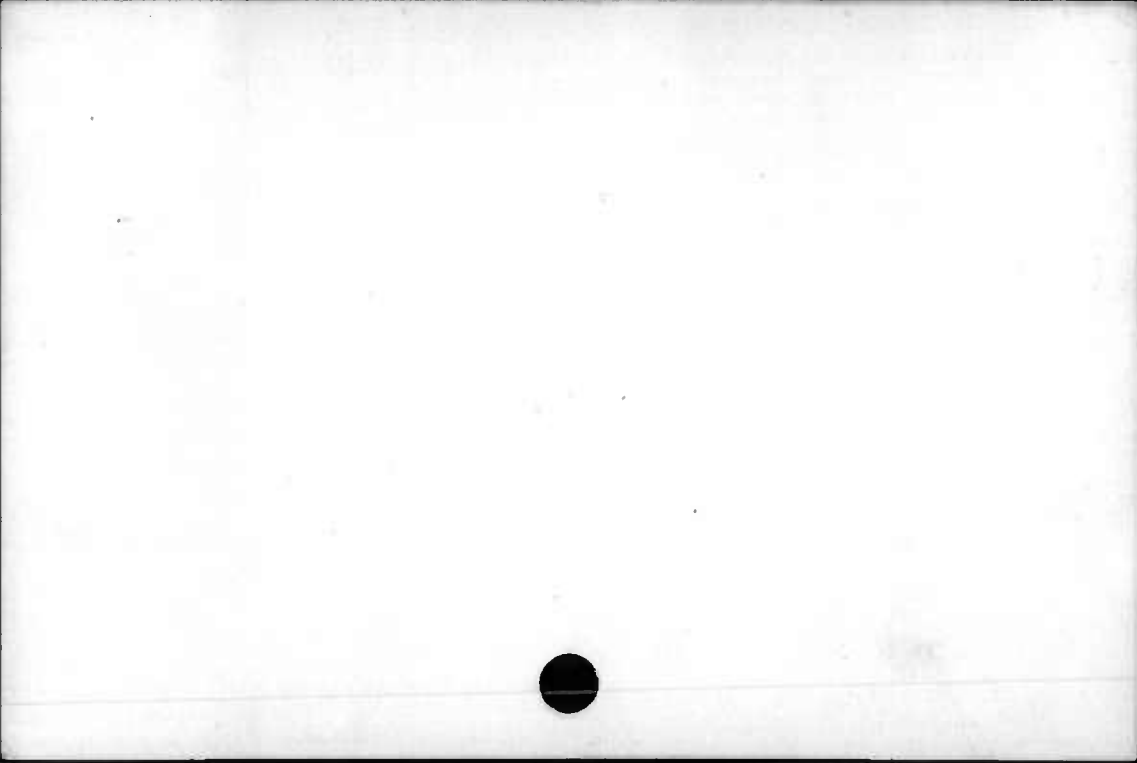
TO BE ANSWERED BY
NEAREST FRIEND

Name <i>Hennie Horsey</i>		Town <i>Quantico</i>		County <i>Wicomico</i>		MARYLAND	
Died at <i>Quantico</i>		Month <i>Nov</i>		Day <i>10</i>		Years <i>90</i>	
Date of death <i>1905</i>		Months		Days			
Sex <i>Female</i>		Color or Race <i>Black</i>		Birth-place <i>Near Quantico Md</i>			
Occupation <i>Midwife</i>		Where Residing if not at place of death <i>Near Quantico Md</i>					
Married, Single & Widowed		Name of Wife or Husband <i>Randal Horsey</i>					
Father's Name <i>Don't know</i>				Father's Birthplace <i>Don't know</i>			
Mother's Maiden Name <i>Don't know</i>				Mother's Birthplace <i>Don't know</i>			
Name of person giving information <i>Columbus Horsey</i>				How related to deceased <i>Son</i>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Dysentery</i>		How long <i>4 or 5 weeks</i>	
Immediate <i>Dysentery</i>		How long	
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>		Signature of Physician <i>Wm H H Dashiell</i>	
		Address <i>Quantico Md</i>	
Accident or Suicide?			



Name
in
Full

Elsbeth Jones

CERTIFICATE OF DEATH

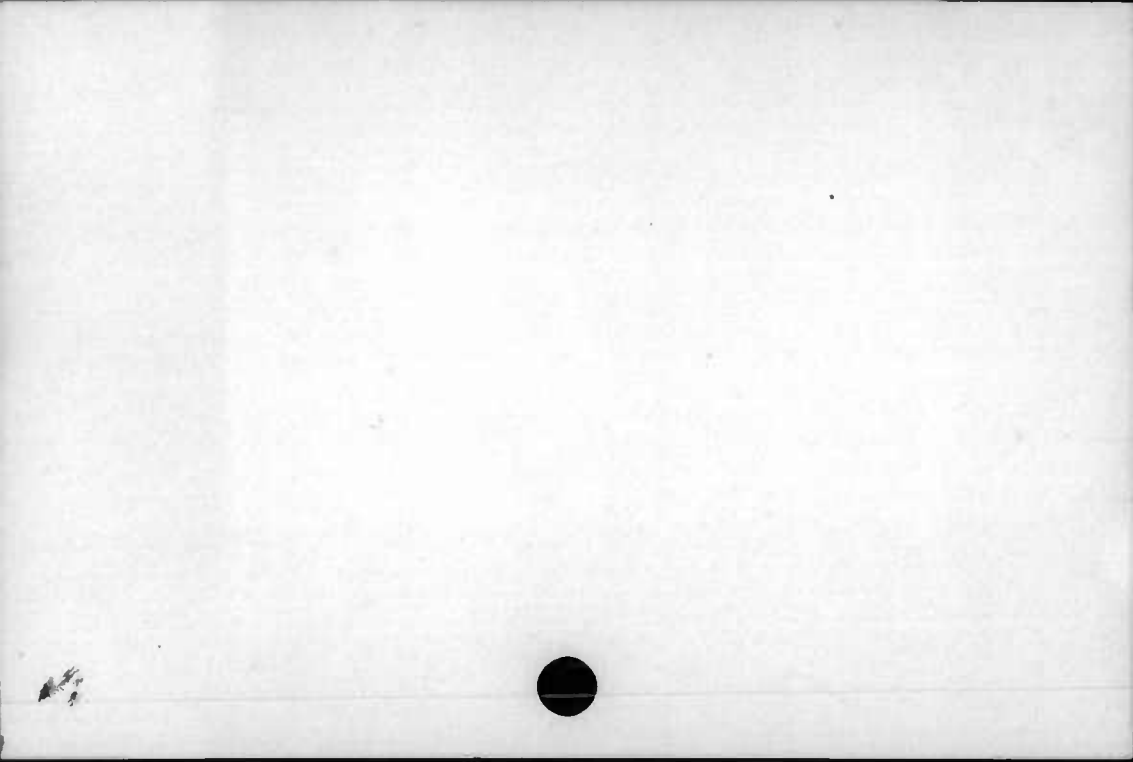
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>near Salisbury</i>		Town <i>Wicomico</i>		County		MARYLAND					
Date of death <i>1905</i>		Month <i>Nov</i>		Day <i>5</i>		Age <i>76</i>		Months		Days	
Sex <i>Female</i>		Color or Race <i>White</i>		Birth-place <i>Md</i>							
Occupation		Where Residing if not at place of death									
Married, Single or Widowed		Name of Wife or Husband <i>William Jones</i>									
Father's Name <i>George Parsons</i>		Father's Birthplace <i>Md</i>									
Mother's Maiden Name <i>Hannah Hallonius</i>		Mother's Birthplace <i>Md</i>									
Name of person giving information <i>John T Jones</i>		Relationship to deceased <i>Son</i>									

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Abdominal growths (Cyst?)</i>		How long <i>several years</i>	
Immediate <i>General emaciation & heart failure</i>		How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>Louis W. Womies M.D.</i>	
		Address <i>Annapolis Md.</i>	
Accident or Suicide?			



Name
in
Full

James Harland Seloyd

CERTIFICATE OF DEATH

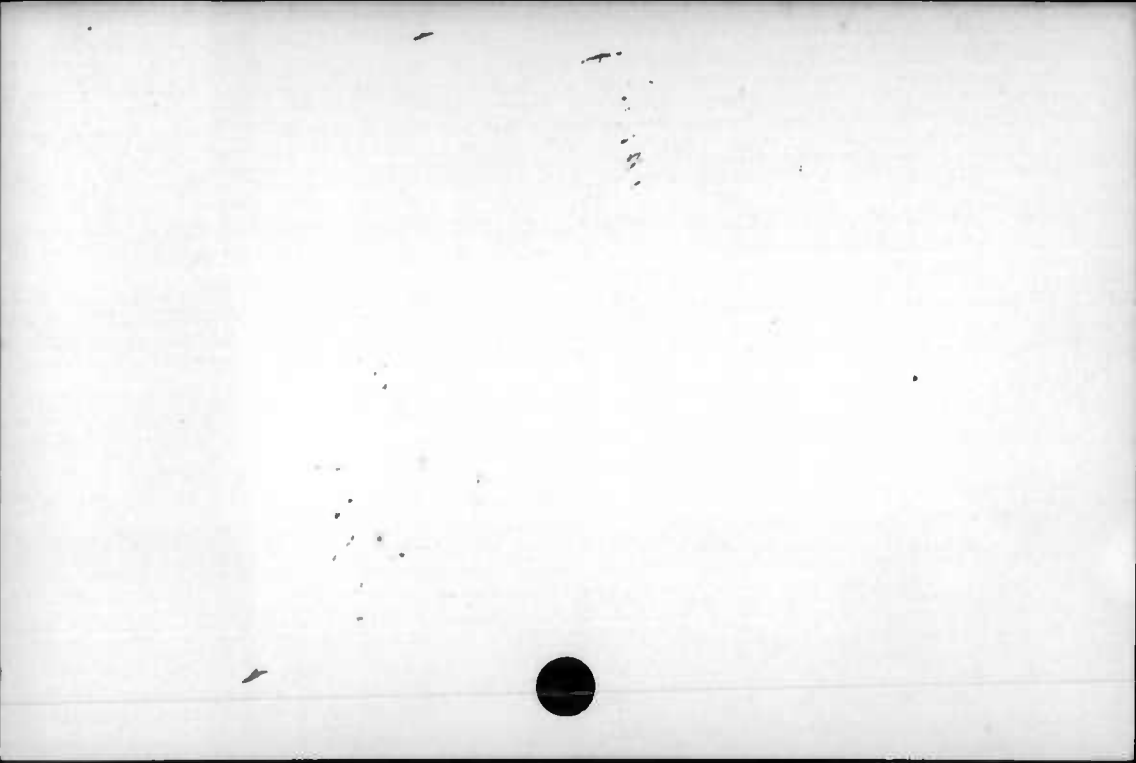
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Rewastico</i> Town		<i>Wicomico</i> County		MARYLAND	
Date of death <i>1904</i>	Month <i>Nov.</i>	Day <i>6th</i>	Years <i>34</i>	Months <i>—</i>	Days <i>—</i>
Sex <i>Male</i>	Color or Race <i>White</i>		Birth place <i>Wicomico Co. Md.</i>		
Occupation <i>Farmer</i>		Where Residing if not at place of death <i>—</i>			
Married, Single or Widowed <i>Married</i>	Name of Wife or Husband <i>Alice E. Seloyd</i>				
Father's Name <i>Samuel Seloyd</i>		Father's Birthplace <i>Wicomico Co. Md.</i>			
Mother's Maiden Name <i>Emily Elliott</i>		Mother's Birthplace <i>" " "</i>			
Name of person giving information <i>J. M. Holloway</i>		How related to deceased <i>None</i>			

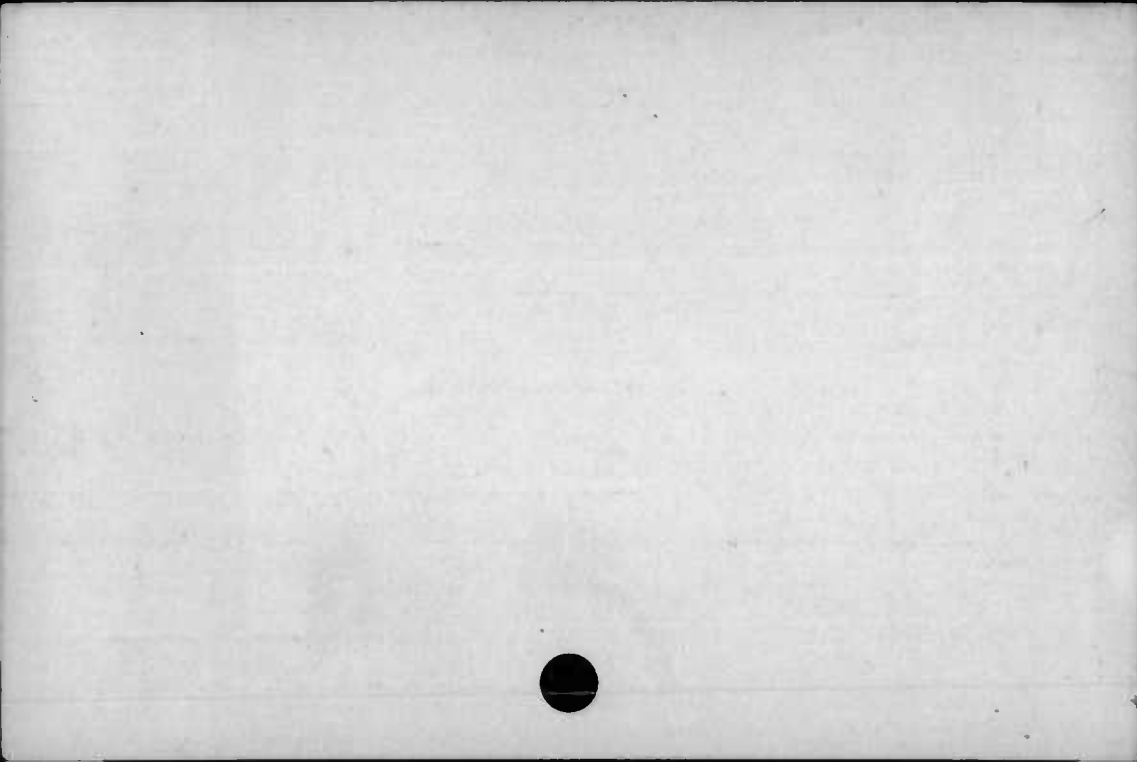
CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Accident while sailing</i>	How long
Immediate <i>Drowning</i>	How long
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>Geo. E. Hull</i>
	Address <i>Undertaker Salisbury, Md.</i>
Accident or Suicide?	



Name in Full		Town				County		CERTIFICATE OF DEATH			
John J. Majors		Athol				Wicomico		MARYLAND			
Died at		Date of death		Month		Day		Years		Months	
1905		May		21		Age		63			
Sex		Color or Race		Birth-place							
Male		White		Athol							
Occupation		Where Residing if not at place of death									
Laborer		Athol									
Married, Single or Widowed		Name of Wife or Husband									
Widower		Sofonia the first given the second									
Father's Name		Father's Birthplace									
Governor Majors		Dorchester Co									
Mother's Maiden Name		Mother's Birthplace									
Mellie Cole		Dorchester Co									
Name of person giving information		How related to deceased									
Wm. J. Majors		Brother									
CAUSES OF DEATH											
Primary		How long									
Consumption		How long									
Immediate											
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician									
A. L. Leabrean		Address									
Accident or Suicide?		Mardela Spgs Md									



Name
in
Full

My Secretia Moore

CERTIFICATE OF DEATH

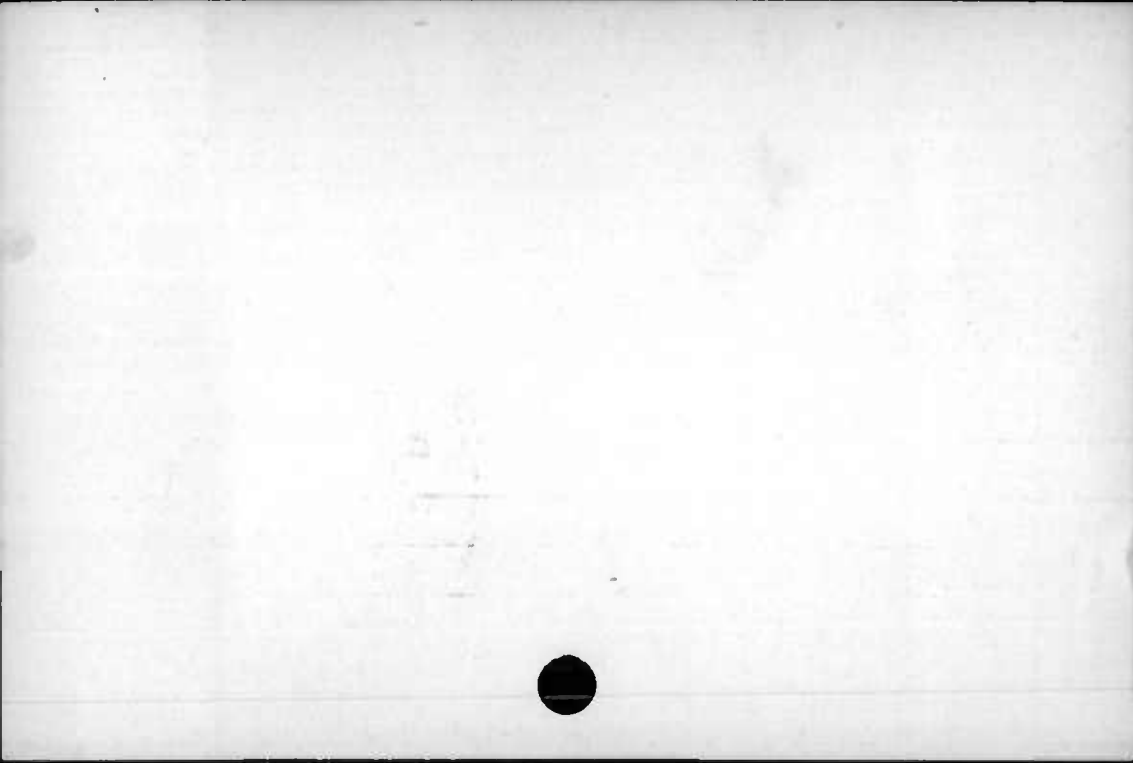
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Salisbury</i> Town		<i>Wicomico</i> County		MARYLAND	
Date of death <i>1905</i>		Month <i>Nov.</i>	Day <i>25th</i>	Years <i>74</i>	Months <i>10</i>
Sex <i>Female</i>	Color or Race <i>White</i>	Birth-place <i>Shad Point Md.</i>			
Occupation <i>Housekeeper</i>		Where Residing if not at place of death			
Married, Single or Widowed <i>Widow</i>		Name of Wife or Husband <i>Jacob Moore</i>			
Father's Name <i>Joshua Crouch</i>		Father's Birthplace <i>Shad Point Md.</i>			
Mother's Maiden Name <i>Ellen Crouch</i>		Mother's Birthplace <i>Wicomico</i>			
Name of person giving information <i>Wm. J. Moore</i>		How related to deceased <i>Son</i>			

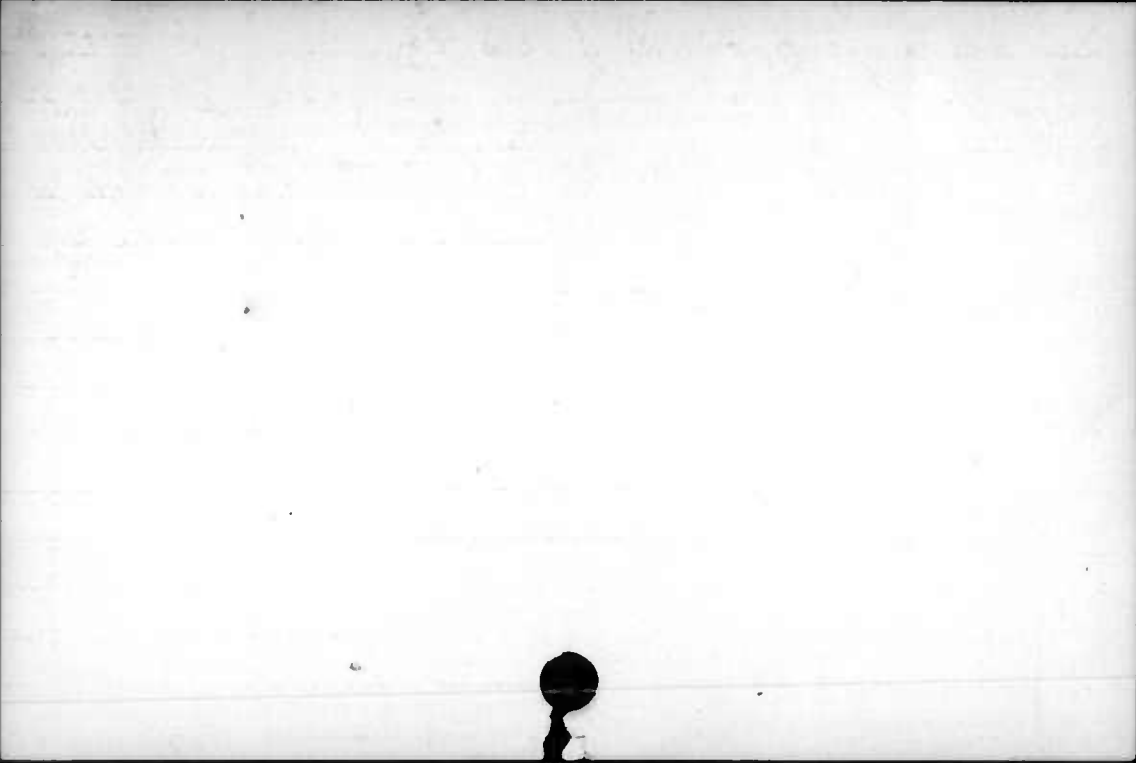
CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Chronic Bronchitis</i>	How long <i>several weeks</i>
Immediate <i>Emphysema</i>	How long <i>several days</i>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>F. M. Clements MD</i>
	Address <i>Salisbury Md</i>
Accident or Suicide?	



Name in Full		Certificate of Death			
William Samuel Moore		TOWN County			
Died at <i>Near Fruitland</i>		<i>Wicomico</i>			
Date of death <i>1905</i>		Month <i>Nov.</i>	Day <i>7th</i>	Years <i>66</i>	Months Days
Sex <i>Male</i>		Color or Race <i>White</i>		Birth-place <i>Allen Md.</i>	
Occupation <i>Farmer</i>		Where Residing if not at place of death <i>At Fruitland</i>			
Married, Single or Widowed <i>Married</i>		Name of Wife or Husband <i>Laura C. Moore</i>			
Father's Name <i>John Moore</i>		Father's Birthplace <i>_____</i>			
Mother's Maiden Name <i>Pollitt</i>		Mother's Birthplace <i>Somerset Co Md.</i>			
Name of person giving information <i>J. Ernest Moore</i>		How related to deceased <i>Son</i>			
CAUSES OF DEATH					
Primary		How long			
Immediate <i>Apoplexy</i>		How long <i>5 hours</i>			
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>		Signature of Physician <i>Louis Williams M.D.</i>			
		Address <i>Orishy Md.</i>			
Accident or Suicide?					



Name in Full		Infant no name morrow				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at	Salisbury		County		MARYLAND	
	Date of death	1905	Month	Nov	Day	23	Age
	Sex	Female		Color or Race	white		Birth-place
	Occupation	Infant		Where Residing if not at place of death			
	Married, Single or Widowed	—		Name of Wife or Husband			
	Father's Name	Charles Morrow				Father's Birthplace	
	Mother's Maiden Name	Laura B Carey				Mother's Birthplace	
Name of person giving information	Sarah W Carey				How related to deceased		
Grandmother							
CAUSES OF DEATH							
PHYSICIAN OR CORONER	Primary	Pneumonia birth				How long	
	Immediate	General weakness				How long	
	Are the name, age, sex, color, date and place correctly given above?		yes		Signature of Physician		
	Address		Lewis W. Morris M.D.		Salisbury Md		
<div>Accident or Suicide</div>							



Name
in
Full

Ernest W Parsons

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>near Wango</u> <small>Town</small>		<u>Wicomico</u> <small>County</small>		MARYLAND	
Date of death <u>1905</u> <small>Month</small> <u>Nov</u> <small>Day</small> <u>30</u>		Age <u>28</u> <small>Years</small> <u>3</u> <small>Months</small> <u>10</u> <small>Days</small>			
Sex <u>male</u>	Color or Race <u>White</u>	Birth-place <u>MD</u>			
Occupation		Where Residing If not at place of death			
Married , Single or Widowed		Name of Wife or Husband			
Father's Name <u>Ebenezer Parsons</u>		Father's Birthplace <u>MD</u>			
Mother's Maiden Name <u>Mary E Parker</u>		Mother's Birthplace <u>MD</u>			
Name of person giving information <u>Ebenezer Parsons</u>		How related to deceased <u>Brother</u>			

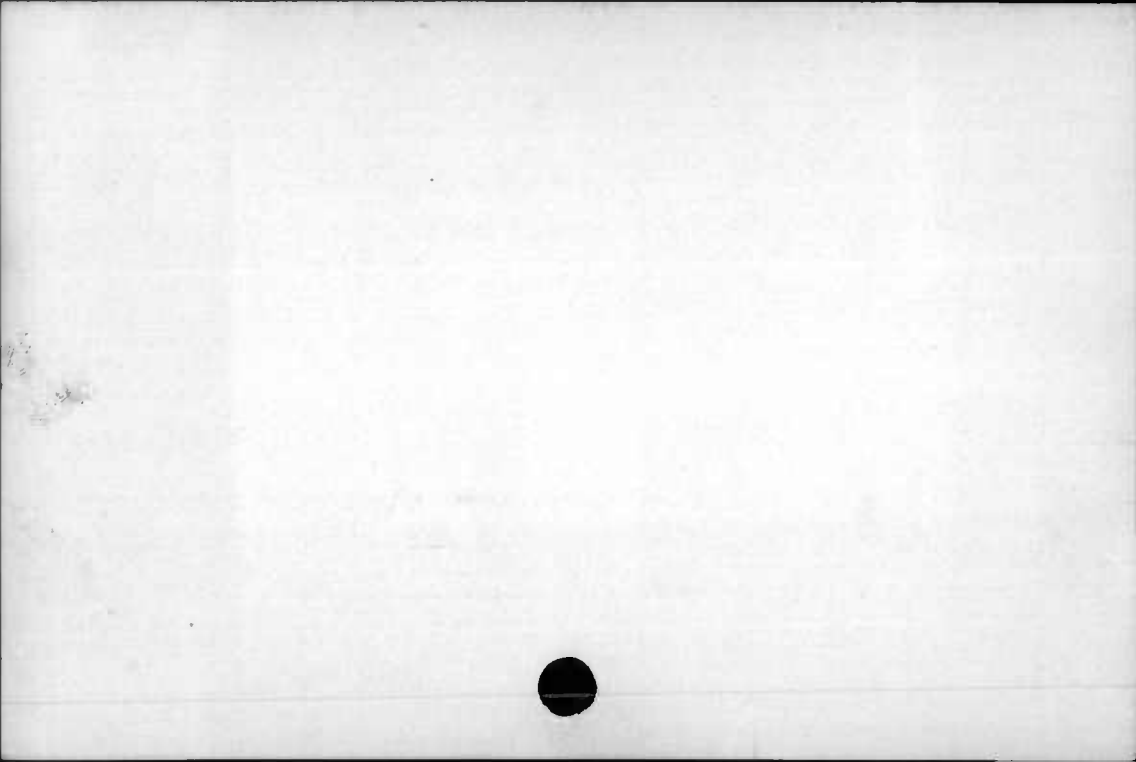
CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <u>Rheumatism</u>	How long <u>Several years</u>
Immediate <u>Do not know</u>	How long <u>4 months</u>
Are the name, age, sex, color, date and place correctly given above? <u>yes</u>	Signature of Physician <u>W C Hallaway & Co</u>
	Address <u>Salisbury Md</u>
Accident or Suicide? <u>no</u>	<u>Mindset taken</u>



Name in Full		Frank H. Rhodes				CERTIFICATE OF DEATH	
		Town		County		MARYLAND	
Died at		Salisbury		Wicomico			
Date of death		Month	Day	Years	Months	Days	
1905		Nov	12 th	42			
Sex		Male		Color or Race	White		
Birthplace		Philada Pa					
Occupation		Builder		Where Residing if not at place of death		Philada Pa	
Married, Single or Widowed		Married		Name of Wife or Husband		Annie L Rhodes	
Father's Name		Charles C Rhodes				Father's Birthplace	
						Jamestown R.I	
Mother's Maiden Name		Mary A. Pfiel				Mother's Birthplace	
						Philada Pa	
Name of person giving information		Ralph B Rhodes				How related to deceased	
						Brother	
CAUSES OF DEATH							
Primary		Phthisis Pulmonalis				How long	
						Several years	
Immediate		Peritonitis + exhaustion				How long	
						4 days	
Are the name, age, sex, color, date and place correctly given above?		yes		Signature of Physician		Geo. W. Ford	
				Address		Salisbury Md	
Accident or Suicide?							



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Salisbury</i> Town		<i>Wicomico</i> County		MARYLAND	
Date of death <i>1905</i> Month <i>November</i> Day <i>28</i>		Age <i>56</i> Years		Months <i>9</i>	Days <i>28</i>
Sex <i>Male</i>	Color or Race <i>Colored</i>		Birth-place <i>Pittsville</i>		
Occupation <i>General Work</i>	Where Residing if not at place of death <i>at place of his death</i>				
Married, Single or Widowed <i>Married</i>	Name of Wife or Husband <i>Louisa Smith</i>				
Father's Name <i>James Henry Smith</i>	Father's Birthplace <i>Pittsville</i>				
Mother's Maiden Name <i>Elyza Smith</i>	Mother's Birthplace <i>Pittsville</i>				
Name of person giving information <i>Louisa Smith</i>	How related to deceased <i>Wife</i>				

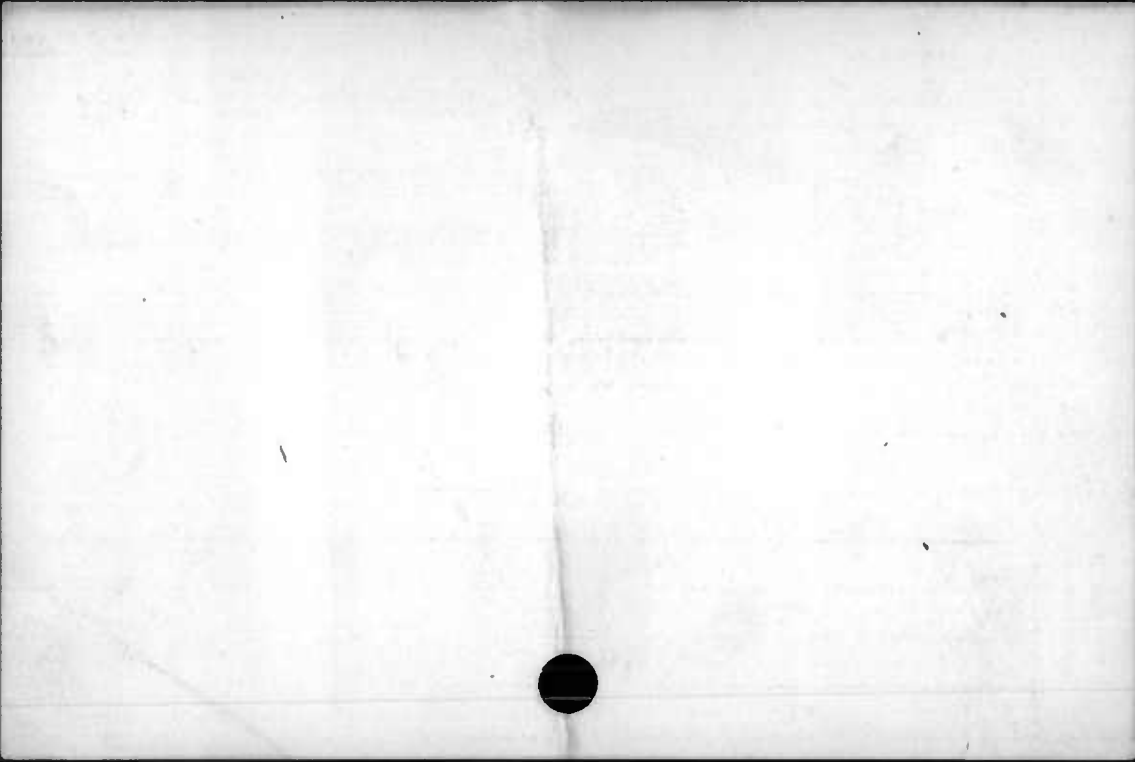
CAUSES OF DEATH

PHYSICIAN
OR CORONER

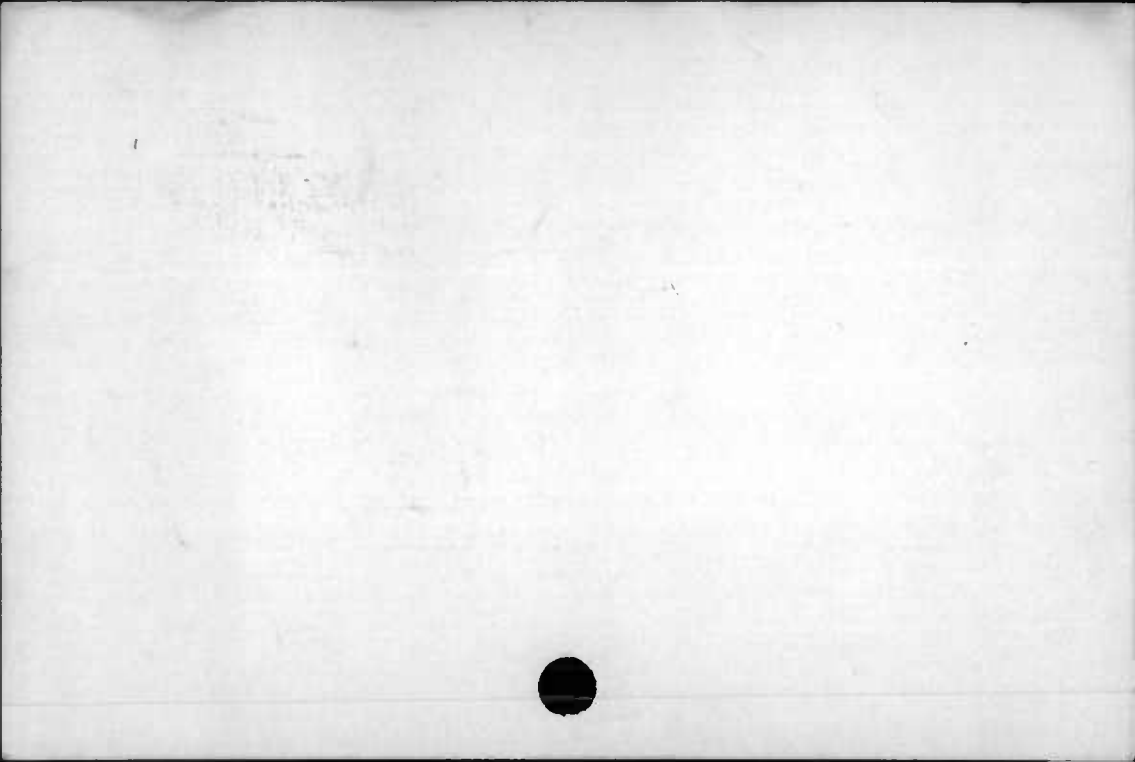
Primary <i>Tuberculosis</i>	How long <i>Several Years</i>
Immediate <i>Insanition</i>	How long <i>Two days</i>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>A. M. Stearns M.D.</i>
	Address <i>Salisbury Md</i>
Accident or Suicide?	



Name in Full <i>Elizabeth Stanford</i>		CERTIFICATE OF DEATH	
Died at Town <i>Allen</i> County <i>Wic</i>		MARYLAND	
Date of death <i>1905</i>	Month <i>Mar</i>	Day <i>18</i>	Age <i>82</i>
Sex <i>Female</i>		Color or Race <i>Colored</i>	Birthplace <i>Dumfries Co</i>
Occupation <i>Housekeeper</i>		Where Residing if not at place of death <i>Allen</i>	
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband <i>Miss Stanford</i>	
Father's Name _____		Father's Birthplace _____	
Mother's Maiden Name _____		Mother's Birthplace _____	
Name of person giving information _____		How related to deceased _____	
CAUSES OF DEATH			
Primary <i>Senile - Arteriosclerosis</i>		How long _____	
Immediate <i>Senile - Arteriosclerosis</i>		How long _____	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>J. B. Long</i>	
		Address <i>Allen Md</i>	
Accident or Suicide? <i>No</i>			



Name in Full		TOWN				COUNTY		STATE	
Mrs. Clara Walston		Salisbury		Wicomico		MD		MARYLAND	
Died at		Date of death		Month		Day		Age	
1905		Nov		13		69		11 29 Days	
Sex		Color or Race		Birth-place					
Female		White		Concord Del.					
Occupation		Where Residing if not at place of death							
Married, Single or Widowed		Name of Wife or Husband							
Widow		Alexander Walston							
Father's Name		Father's Birthplace							
Ezekiel Jones		Concord Del.							
Mother's Maiden Name		Mother's Birthplace							
Phoebe A. Jones		Salisbury Md.							
Name of person giving information		How related to deceased							
Mrs. Clara Thompson		Daughter							
CAUSES OF DEATH									
Primary		How long							
Disease of Brain		2 weeks							
Immediate		How long							
Coma		one or two days							
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician							
		Address							
		F. M. Heenons							
		Salisbury							
		Md							
Accident or Suicide?									



Name
in
Full

Reese Walter

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Mardela Springs, Wisconsin</i>		County		MARYLAND	
Date of death	1905	Month	Nov	Day	29
Age		Years		18	
Sex		Male		Color or Race	
Occupation		White		Birth-place	
				Bullin, Md	
Married, Single or Widowed		Where Residing if not at place of death			
Name of Wife or Husband					
Father's Name		Rev A. J. Walter		Father's Birthplace	
				Batto Md.	
Mother's Maiden Name		Isabelle Lewis		Mother's Birthplace	
				Va.	
Name of person giving information		Isabelle Walter		How related to deceased	
				Mother	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Spinal Caries</i>	How long	<i>16 years</i>
Immediate	<i>Tubercular Pott's Disease with abscess</i>	How long	<i>2 weeks</i>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
		<i>L. M. Eldredge, M.D.</i>	
		Address	
		<i>Mardela Springs, Md.</i>	
Accident or Suicide?			

20 8 Nov 18

Name in Full

Certificate of Death

Robert Lee Ward

Died at ^{Town} Salisbury ^{County} Wicomico

MARYLAND

Date 1906-11-06 Age 30 Native of Md Occupation Merchant

Male White Married ~~Widow~~ ~~Divorced~~

~~Female~~ ~~Colored~~ Single ~~Widower~~ Number of children living

Husband of

Wife

Father's Name James Ward Mother's Maiden Name

Cause of Death { Primary accident Immediate Peritonitis

How long sick

6 days

Accident, Suicide, Homicide

Reported by

Address

G. J. Simonson

Lusfield

Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full		Robert L Ward				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at	Salisbury		Town		Wicomico	
	County		Maryland				
	Date	1905	Month	Nov	Day	16	Age
	Years		30		Months		Days
	Sex	male		Color or	Race		White
	Birth-	place		Md			
	Occupation	Merchant		Where Residing if not		at place of death	
Crickfield		Md					
Married, Single or Widowed		Name of Wife or Husband					
Father's Name		James O Ward		Father's Birthplace		Md	
Mother's Maiden Name		Sallie A Somers		Mother's Birthplace		Md	
Name of person giving Information		Elliott Ward		How related to deceased		Brother	
CAUSES OF DEATH							
PHYSICIAN OR CORONER	Primary	Dumulation		How long		4 days	
	Immediate	Acute peritonitis from trauma		How long		Few hours	
	Are the name, age, sex, color, date and place correctly given above?		Yes		Signature of Physician		J. M. F. Dich
	Address		Salisbury, Md				
	Accident or Suicide?		Accident				



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Appomattox</i> Town		<i>11/22/55</i> County		MARYLAND	
Date of death <i>1905</i>	Month <i>Nov</i>	Day <i>23</i>	Age <i>50</i> Years	Months	Days
Sex <i>Female</i>	Color or Race <i>white</i>		Birth-place <i>Michigan</i>		
Occupation <i>Housekeeper</i>			Where Residing if not at place of death		
Married, Single or Widowed		Name of Wife or Husband <i>Henry White</i>			
Father's Name <i>Daniel Crosby</i>			Father's Birthplace		
Mother's Maiden Name <i>Johnna Johnson</i>			Mother's Birthplace		
Name of person giving information <i>Walter White</i>			How related to deceased <i>Son</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

How long

Immediate

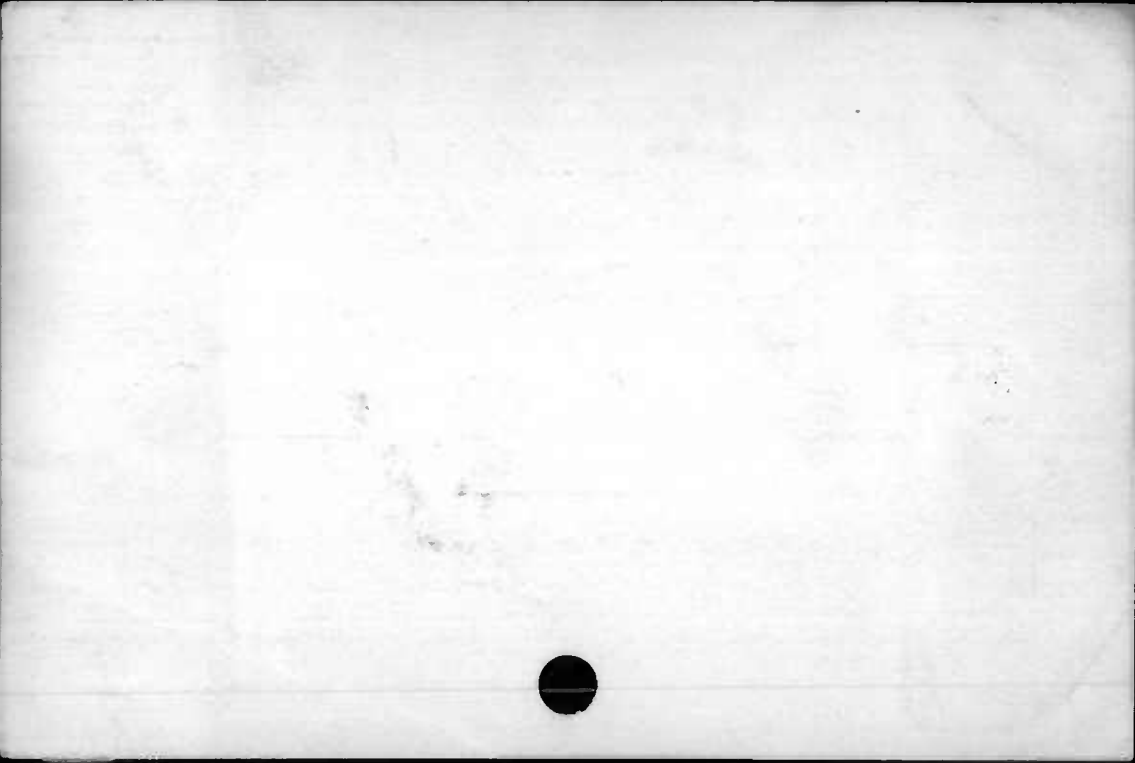
How long

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

Accident or Suicide?



Name
in
Full

Ruth A. Williams

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Thutland</i> <small>Town</small>		<i>Wicomico</i> <small>County</small>		MARYLAND	
Date of death <i>1905 Nov.</i> <small>Month</small>		<i>4</i> <small>Day</small>	Age <small>Years</small>	<i>2</i> <small>Months</small>	<i>21</i> <small>Days</small>
Sex <i>Female</i>	Color or Race <i>Black</i>		Birth-place <i>Ind</i>		
Occupation _____			Where Residing if not at place of death _____		
Married, Single or Widowed _____		Name of Wife or Husband _____			
Father's Name <i>John H. Williams</i>		Father's Birthplace <i>Ind</i>			
Mother's Maiden Name <i>Rebecca C. Brewington</i>		Mother's Birthplace <i>Ind</i>			
Name of person giving In form <i>John H. Williams</i>		How related to deceased <i>Father</i>			

CAUSES OF DEATH

Primary <i>Enterocolitis</i>	How long <i>3 weeks</i>
Immediate <i>Innumeration</i>	How long <i>7 or 8 days</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>J. H. Williams</i>
	Address <i>Salisbury Ind</i>
Accident or Suicide? <i>No</i>	

PHYSICIAN
OR CORONER

